

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-004475

STATE FILE NUMBER

DO NOT WRITE
ON THIS SUB

AMENDED

Registration District No. 317

Primary Registration District No. 541

Registrar's No. 398

FILED FEB 3 1963

1. PLACE OF DEATH

a. COUNTY

Saint Louis

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN Clayton

Length of stay in 1b

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION County Hospital

Inside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

St. Louis

c. CITY
OR TOWN

Hanley Hills

Inside Limits
Yes ☒ No ☐

d. STREET
ADDRESS

(If outside, give location)

7944 Bloom Drive

Reside on Farm
Yes ☐ No ☒

3. NAME OF DECEASED

First

Middle

Last

OLIVER

WILLIAM

HAKE

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐

8. DATE OF BIRTH

11/9/02

9. AGE (last birthday)

60 years

10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Machinist

10b. KIND OF BUSINESS OR INDUSTRY

Barry-Wehmuller

11. BIRTHPLACE (City and state or country)

St. Louis, Missouri

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

Ewald Hake

13b. MOTHER'S MAIDEN NAME

Unknown Alvina Suhre

14. NAME OF HUSBAND OR WIFE

Jane Lynch Hake

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

No

None

17. INFORMANT

Mrs. Jane Hake, 7944 Bloom Dr. 33

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

Metastatic Carcinoma
Adenocarcinoma of lung.

INTERVAL BETWEEN ONSET AND DEATH

8 mo.
5 yrs.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Arteriosclerotic cardiovascular disease

PART III. If deceased was female was there a pregnancy in last 90 days

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour a.m. Month, Day, Year p.m.

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from Death occurred at:

10 April 1961 7:30 A.

3 February 1963 and last saw him alive on 31 January 1963

22a. SIGNATURE

(Degree or title)

REYNOLDS L. EMERSON, M.D.
1695 BRENTWOOD BLVD.

22c. DATE SIGNED

FEB 4 1963

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

2/6/63

23c. NAME OF CEMETERY OR CREMATORY

New Bethlehem Cemetery

23d. LOCATION (City, town, or county)

St. Louis County, Missouri

24. FUNERAL DIRECTOR

ADDRESS

CALVIN F. FEUTZ, 4828 Natural Bridge Blvd

25. DATE RECD. BY LOCAL REG.

2-4-63

26. REGISTRAR'S SIGNATURE

Jane M. Murphy M.D.

Dr. R.L. Emerson
1695 Brentwood

MO. 1-6589

MONDAY. THE HOOD -
COUNTY 3:07 PM.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

John A. Mlinar

Licensed Embalmer No. 4186

P. O. Address St. Louis Mo.

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a **STUDENT**, he also shall sign in his **OWN handwriting**.

If this body is not embalmed, fact should be so stated above.